

MISSOURI DEPARTMENT OF SOCIAL SERVICES




DIVISION OF AGING Strategic Plan 1999 - 2004

Executive Summary

Vision Statement

Seniors and adults
with disabilities can
realize their full potential
for health, safety, independence
and community participation

INTRODUCTION



Missouri has the fourteenth largest population of senior citizens in the nation. Per 1997 census projections, there are 956,188 adults over age 60 in the state; 749,000 are over the age of 65. By the year 2010, this 60+ age cohort will grow to 1,172,336.

Older adults and adults with disabilities are the target customer base for the Missouri Division of Aging (DA). Its two program sections – the Institutional Services Section and the Home and Community Services Section – have worked to identify and address the service needs of these Missourians and their caregivers. Through program interaction with customers and providers, a statewide needs assessment, and the input of advocates and staff, the division has painted an overview of senior and adult with disabilities needs for a changing population.

The Strategic Plan for the division synthesizes feedback from the division's stakeholders: consumers, advocates, providers, staff, and other state and local agencies. Through the first half of 1998, internal focus groups with DA employees, and external focus groups with consumers, providers and advocates, were convened to solicit their thoughts through an "environment scan" process — designed to identify challenges and opportunities for the division and its customers. Questions considered by all focus group participants included:

Questions included:

What are the most serious challenges or trends facing the elderly, adults with disabilities and their families?

What is the level of demand for Division of Aging services? How will it change?

What is the Division doing well? What could be improved?

What are the Division's internal accomplishments? What could be enhanced?

What is the public's perceptions of the quality of DA products and services?

The responses to the environment scan fueled the remaining phases of the strategic planning process.

DA executive staff crafted four strategic issues—later collapsed into the two issues seen in this booklet—and the accompanying goals, outcomes and objectives which were reviewed and endorsed by the employees representatives. These were then shared with a work team of 40 DA staff who developed over 100 specific operational strategies to address the four issues.

The following pages reflect the results of that work. The division developed outcome and objective measures, and incorporated the strategies into budget and program directives. Each year should see a revisit and update of the plan; this dynamic approach will provide the soil from which DA's program and policy initiatives will grow.

The Division of Aging will organize itself around the identified service needs of older and disabled adults, and deploy resources in response to stakeholder input, demographic trends and strategic feedback. Every attempt was made to construct the strategic plan around the input and trends, and the resulting programs should address the present and future needs of our customers within the boundaries of our mission. As the older and disabled adult population evolves, the division's strategic plan will be modified to adapt to the changes.

VISION, MISSION & VALUES

Seniors and adults with disabilities can realize their full potential for health, safety, independence and community participation.

Values

Every older Missourian and adults with disabilities should be able to choose an independent life style and live safely with dignity.

The division values...

- * The contributions that older adults and adults with disabilities make to society;
- * Services that protect the vulnerable older adult or adult with disabilities;
- * Easy access for each consumer to appropriate, quality care and services;
- * The holistic assessment of client care needs;
- * Informed decision-making about appropriate care and other life choices;
- * A diverse workforce of responsible, ethical and compassionate professionals;
- * Consumer autonomy in all decision-making processes that effect his or her life, even when those decisions may conflict with the values of caregivers or advocates;
- * Wellness promotion over the lifespan of individuals;
- * The diversity of our consumer population and its changing needs; and
- * The effective balance of the public and private sectors, incorporating our advocate, volunteer and professional partners who are the delivery network.

Vision

M i s s i o n

Promote, maintain, improve and protect the quality of life and quality of care for Missouri's older adults and adults with disabilities so they may live as independently as possible with dignity and respect.



*** *Strategic Issue #8***

Seniors and adults with disabilities should be safe, and free from abuse, neglect and exploitation.

Page 2



*** *Strategic Issue #9***

The lifelong health, mental health and nutrition services for seniors and adults with disabilities should be affordable, accessible and of high quality.

Page 6

Strategic Issue #8



Seniors and adults with disabilities should be safe, and free from abuse, neglect and exploitation.



Issue Statement

The Division of Aging (DA) has as its primary statutory mandate the protection of older adults and adults with disabilities. It is charged with the responsibility to receive and investigate reports of abuse, neglect and exploitation (A/N/E). This mission is central to the health, safety and well-being of the customer base.

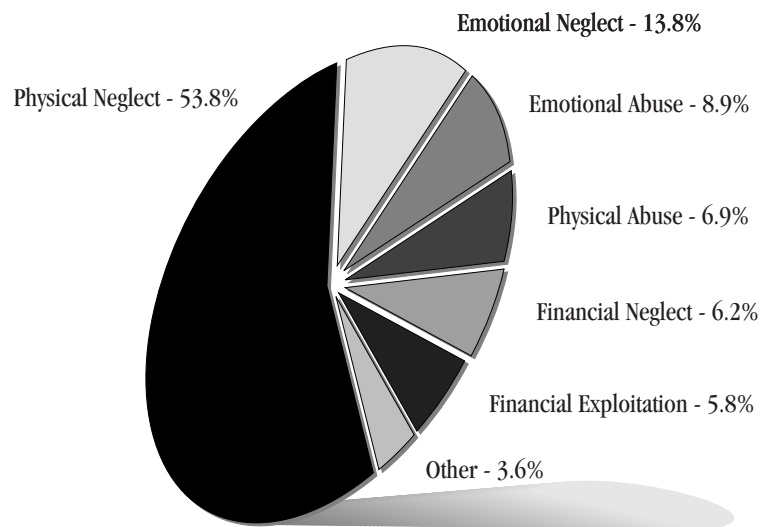
DA received 19,477 reports of A/N/E in fiscal year (FY) 98. This represents an increase of 1263 reports from the previous year.

<i>FY-97</i>		<i>FY-98</i>	<i>Reason to Believe</i>	<i>Suspected</i>	<i>Valid</i>
10,342	Community A/N/E of seniors	10,833	6,110	2,372	
2,281	Community A/N/E of disabled	2,553	1,440	559	
832					
4,759	LTC Facility A/N	716			179
	LTC Facility complaints	5,375			1,344

The 1996 National Elder Abuse Incidence Study (NEAIS) predicts that only 21% of all incidents of community abuse/neglect/self-neglect are reported to and substantiated by a state's protective services agency. Applying this percentage to Missouri predicts that 35,957 abused or neglected older adults/adults with disabilities never report their plight to the division — and that the total number of community abused or neglected older adults/adults with disabilities is 43,507. **In other words, five older or adult disabled Missourians experience abuse or neglect in their communities each hour.**

Percentages of Problem Types

Community-Based - FY-98



In FY-97, 4.6% of the perpetrators were repeat offenders. This number fell to 3.3% in FY-98.

Victims of community-based abuse/neglect tend to be female, white and live with their spouse. The “oldest old,” those age 80 and over, are abused and neglected at a rate two to three times their proportion in the senior population.

The various manifestations of abuse can inflict physical harm, reduce self-esteem, or deprive individuals of needed financial resources — resulting in serious consequences for senior and disabled adults. A 1998 study published in the *Journal of the American Medical Association* found that older people who had been abused died at triple the expected rate for the senior population. Mistreatment may be a form of “negative social support” that hastens death from other causes like heart disease, lung disease and accidental injuries.

In addition to this most negative of outcomes, abuse, neglect and exploitation results in increased depression and financial problems. Depression has been linked to physical decline in older adults, likely by suppressing the body’s immune system; depression leads to functional decline, functional decline contributes to depression, and a vicious cycle ensues. Depression can also lead to substance abuse which is a growing epidemic within the 60+ population — up to 17% abuse alcohol or drugs. This “hidden epidemic” is particularly true for women, who find themselves alone after friends and family die.

Family caregiving — 23% of all households are actively engaged in some form of caregiving for a senior family member or friend — already costs the nation’s corporate economy \$29 billion annually in absenteeism and lost productivity; the caregiving demands of the increasing senior population will consume an even larger proportion of the Gross Domestic Product. Twenty-three million US households have caregivers, of which 14.4 million work full or part-time outside the home.

The average duration of caregiving is about 4.5 years. Eight million of these caregivers face emotional/health problems as a result of the stresses. In fact, 61% of “intense caregivers” experience depression as a result of caregiving; this figure is six times the national average for the population at large. In almost 13% of all A/N/E cases reported to DA, the perpetrator is a son or daughter; in another 9% the perpetrator is a spouse, sibling or parent.

DA’s mission is to help seniors and adults with disabilities lead healthy and productive lives in the least restrictive environment of their choice. Identification of and intervention with A/N/E cases can delay premature institutionalization, save significant Medicaid and private funds, and — most importantly — improve the quality of life for DA’s customers.

Strategic Goal #8

Seniors and adults with disabilities are able to live in safety wherever they reside.

Outcomes, Outcome Measures

Outcomes**Outcome Measures**

Decreased percent of seniors and adults with disabilities abused, neglected or exploited.

Percent of seniors and adults with disabilities who are reported abused, neglected or exploited. (The FY-98 baseline is 6630 people or 0.61%.)

Increased percent of seniors and adults with disabilities who are safe and secure in their environment.

Percent of seniors and adults with disabilities who report that they feel safe and secure in their neighborhood or home environment. (The baseline will be established in FY-00.)



Strategic Issue #9

The lifelong health, mental health and nutrition services for seniors and adults with disabilities should be affordable, accessible and of high quality.

Strategic Issue #9



The lifelong health, mental health and nutrition services for seniors and adults with disabilities should be affordable, accessible and of high quality.



- Health, mental health and nutrition needs of seniors and adults with disabilities are unmet in Missouri.
- Seniors and adults with disabilities are harmed when services are poor, unavailable, not affordable or accessible.
- Seniors, caregivers, families and advocates may not know about available services.

Issue Statement

Of all the issues reported to DA by both internal and external stakeholders, the single most consistent comment was that more and better guarantees were needed to ensure services for DA's customers would be of high quality and would be available. Missouri's significant senior population demands and deserves effective and appropriate community services to remain safely in their homes for as long as practical; should they transition to a nursing facility, their care must be appropriate, of the highest quality (i.e., consistent, professional) and delivered with dignity and respect. Anything less places at risk the physical and/or emotional well-being of DA customers.

Experts contend that there are three hallmarks of successful aging:

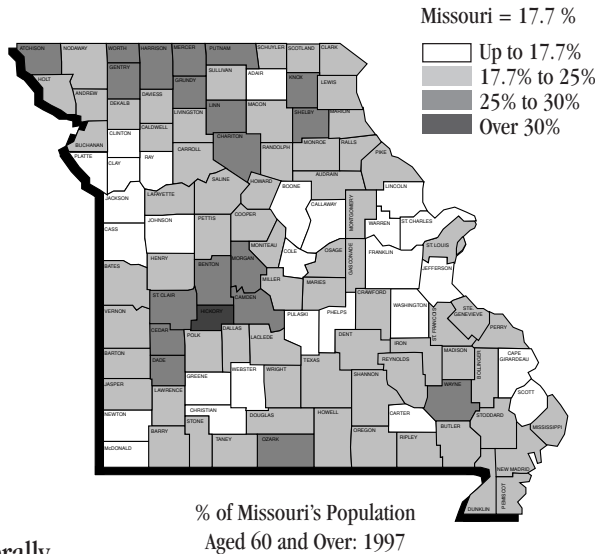
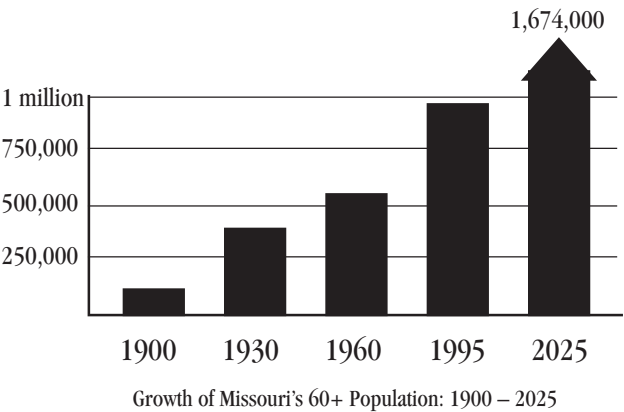
- Avoiding disease and unhealthy lifestyles;
- Maintaining high cognitive and physical function; and
- Staying engaged in life through active social connections.

DA's strategic plan targets behaviors, practices and services which affect these three hallmarks. The plan contains strategies relevant to seniors, adults with disabilities, their caregivers and providers.

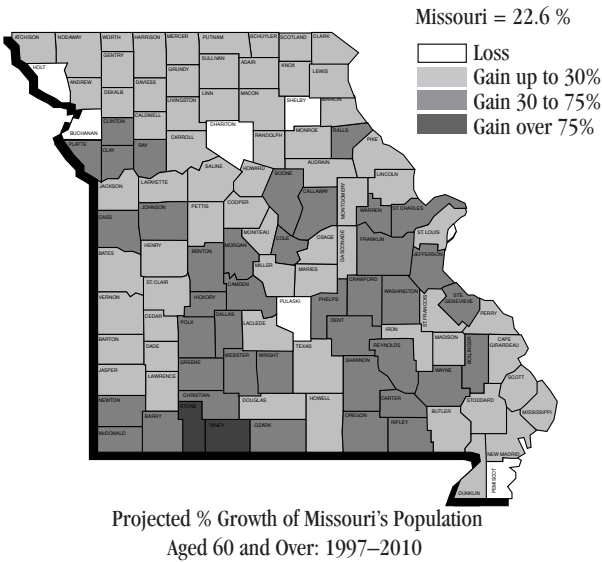
Demographic Changes

In the 19 centuries of the modern era, the human population gained three days each year in life expectancy. Since 1900, life expectancy has increased by over 100 days a year. This is arguably the most remarkable demographic phenomenon in history. Missouri's social and economic vitality is critically linked to this changing demographic picture.

As of 1997, 956,188 adults are over the age of 60 in Missouri. The number will swell to 1,172,336 by 2010; and to 1,674,000 by the year 2025. Missouri ranks 12th nationally in the percent of population age 65 and over; 14th in the number of citizens age 65+. In the 1990's, 28 counties experienced gains of 5% or more in the age 65-84 population; 42 counties saw their age 85+ population grow by more than 15%.



This explosion of the senior population statewide must be considered in the context of regional growth patterns, generally lower incomes for rural seniors relative to their urban counterparts, and disparities in income, life expectancy and health needs determined by race and gender (for example, 58% of the 60+ population is female). The availability and location of health and social services, given the location and migration patterns of senior Missourians, should direct the allocation of provider and division resources to best target and meet their needs.



	Life Expectancy	
	Women	Men
White	80	73
Black	74	65
	Median Income	
	Women	Men
White	\$8,600	\$15,300
Black	\$6,200	\$8,000

Selected Race/Gender Factors for Older Adults

Just over 11% of Missouri seniors fall below the poverty line. Thirty percent of those 65 and over live alone. These seniors, and those facing the daily challenges of chronic disease, depression and other factors, are among DA's target clients.

For some Missouri seniors, home is a long term care facility. At any given time, about 5% of Missouri's senior population – that was 47,057 in early 1999 – lives in a nursing home. At some point in their lives, 33% of men and 52% of women will enter a nursing facility – which will likely be one of the largest expenses they will ever face. The average American man will spend \$56,900 for facility care while the amount spent by the average woman, given her longer life expectancy, will be \$124,000. Women stay in a nursing facility about 26 months; men 19 months.

Needs Assessment

A survey of 5000 non-institutionalized older Missourians in 1994 identified that critical supportive services were in short supply or unavailable. Per that Needs Assessment of 60+ individuals:

- 38% reported that their activities are impaired because of a health problem;
- 25% felt lonely sometimes or quite often;
- 53% said that adult day health care services were not available or known to be available;
- 45% reported elder care information was not available or known to be available;
- 45% stated home repair services was not available or known to be available;
- 44% reported in-home therapy was not available or known to be available; and
- 44% said respite care was not available or known to be available.

Of course, many seniors at the time of the survey stated that they did not need services; however, applying the percentage rates of response to the senior population at large indicates that tens of thousands of older Missourians remain in need.

These gaps in service or programs need to be addressed if Missouri's older and disabled population is to receive the assistance it needs to prevent avoidable declines in health status — and avoid hospitalization or premature institutionalization. The need for long-term, community-based care is highest among older adults.

The incidence of disability among younger Americans is increasing; today, 40% of those needing long-term care are between the ages of 18-64.

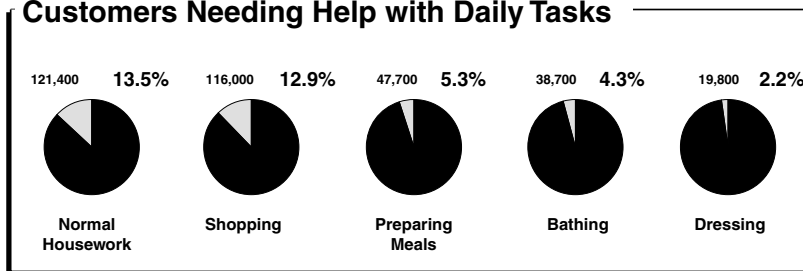
Needs Assessment (continued)

In FY-98, thousands of seniors and adults with disabilities received community-based services authorized by the Division of Aging. An accounting of these services finds the following customer use rates...

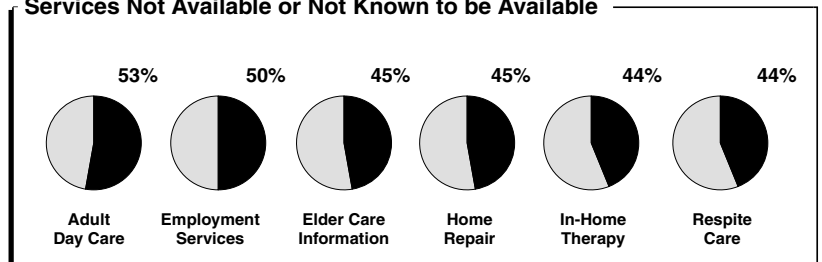
- 14% nutrition services
- 12% in-home services
- 3% transportation services
- 2% health promotion/disease prevention programs

1994 Need Assessment Summary Statistics

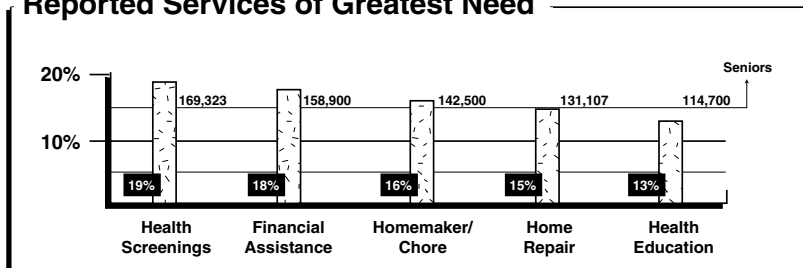
Customers Needing Help with Daily Tasks



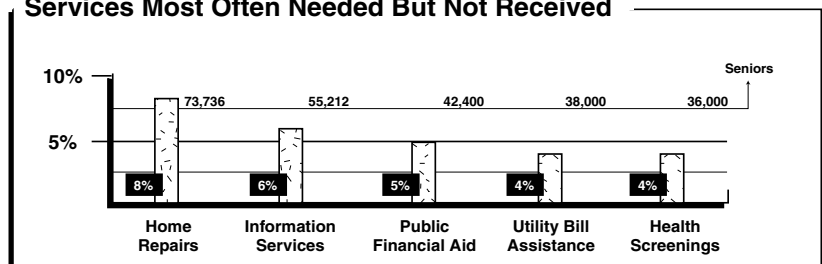
Services Not Available or Not Known to be Available



Reported Services of Greatest Need



Services Most Often Needed But Not Received



Illness And Disease

Many serious or communicable diseases are preventable, but according to the Department of Health prevention and control methods are often unused or accessed unevenly. Sadly, the death rate for Missouri seniors from communicable disease is 411 per 100,000 adults (1995 data), the highest of any age group. Pneumonia and influenza have serious consequences for older adults, and are two of the top ten causes of death annually. The current rate of influenza immunization among Medicare enrollees was approximately 46% in 1996; the federal government estimates that only 22% of Medicare beneficiaries received pneumonia inoculations between the years 1991-1996.

Injuries and falls also account for a significant portion of older adult health problems. The National Center for Health Statistics, for 1996, reported that injury and poisoning was the fourth largest diagnosis category for hospital admission given adults age 65 and over. They comprised 8.3% of total inpatient stays, behind only circulatory, respiratory and digestive system ailments.

Sudden or traumatic injuries are not the only source of health problems for older Missourians. Eighty percent of all seniors have at least one chronic disease. Per the 1994 Needs Assessment, 31% of those age 60+ experienced poor physical health an average of 17 days a month. And while 19% of individuals age 15 to 64 report living with a disability, 53% of seniors reported the same.

However, research shows that diet and exercise play a part in reducing stress, heart attacks, and hypertension, while slowing the debilitating consequences of many chronic disease. Physical decline often results more from disuse than age. Unfortunately, 63% of seniors are at moderate or high nutritional risk. Studies show that every \$1 spent on nutrition programs saves \$3.25 in hospital costs.

Quality Services

Services delivered to senior Missourians and adults with disabilities should be timely, reliable and appropriate. A primary task of DA is to ensure that services provided to customers meet these criteria.

In FY-98, 87% of in-home provider agencies delivered 80% or more of services authorized by DA case managers. In that same year, 12% of all in-home agencies received notices of substantial noncompliance, meaning they were significantly outside state standards in one or more areas which could include service delivery rates, training, or staff oversight. With regard to Medicaid/Medicare facilities, 9.2% were cited for substandard care and 48% were cited for quality of care violations.

Key to the quality services issue is provider recruitment and retention of trained and reliable staff. A robust economy and shrinking profit margins have combined to increase competition for workers at their wage and benefit levels (in particular, the food service and gaming industries), limiting the ability of some providers to maintain an adequate base of trained aides. A recent state sample of Missouri nursing facilities found an average annual turnover rate of 40%. In-home providers also experience retention problems. Compounding the situation for in-home aides is the distance between customer homes, especially in rural areas, as workers often are not reimbursed for mileage; some cannot afford to purchase or maintain reliable transportation. Information provided by several in-home providers suggests an annualized turnover rate between 30% to 58% for full- and part-time aides and other non-nursing personnel.

Strategic Goal #9

Seniors and adults with disabilities will have their long term care needs met wherever they live.

Outcomes and Outcome Measures

Outcomes	Outcome Measures
Increased percentage of seniors and adults with disabilities who receive all needed services.	Percent of seniors and adults with disabilities reporting type of care needed is available. (The baseline will be established in FY-00 through survey.)
Increased percentage of seniors and adults with disabilities who receive timely, competently-delivered services.	<p>Percent of seniors and adults with disabilities reporting service satisfaction. (The baseline will be established in FY-00 through survey.)</p> <p>Percent of residents statewide in Medicare/Medicaid facilities cited for substandard care. (The FY-98 baseline is to be developed by December 1, 1998.)</p> <p>Percent of Medicare/Medicaid facilities cited for quality of care violations. (The FY-98 baseline is 47.8%.)</p> <p>Percent of seniors and adults with disabilities observed by; a.-survey staff, b.-facility staff and c.-family/friends to have an acceptable quality of life. (The baseline will be established in FY-00 through survey.)</p>
Increased percentage of seniors and adults with disabilities who can access services.	Percent of seniors and adults with disabilities unable to receive services because they are not accessible. (The baseline will be established in FY-00 through survey.)
Increased percentage of seniors and adults with disabilities who have a means of financially supporting their care.	Percent of service recipients paying a portion of the cost of the services they receive. (The FY-98 baseline is 2.2%.)

Outcomes (continued)

Outcome Measures (Continued)

Decreased mortality among seniors and adults with disabilities due to pneumonia and influenza.

Mortality rate of seniors and adults with disabilities linked to pneumonia and influenza. (The FY-97 baseline for seniors is 16.87%.)

Increased percent of nursing facility residents free from avoidable functional decline.

Percent of seniors and adults with disabilities with avoidable functional decline. (The baseline will be established in FY-99 through Minimum Data Set.)

Increased social involvement of community-based recipients.

Percent of service recipients reporting an increase in community involvement. (The baseline will be established in FY-00 through survey.)

Clients and care givers empowered to make responsible, informed choices about their current and future care needs.

Percent of seniors and adults with disabilities aware of long term care options. (The baseline will be established in FY-00 through survey.)

Percent of care givers aware of available long term care options. (The baseline will be established in FY-00 through survey.)

Increased life expectancy for Medicaid eligibles.

Average life expectancy of Medicaid eligibles. (The FY-98 baseline is 77.2 years.)

Increased physical and mental health.

Percentage of hospitalizations for seniors and adults with disabilities. (The FY-96 baseline is 44.1%.)

Percentage of long term care residents using antidepressant medication or receiving psychological therapy related to depression. (The FY-98 baseline is 3.0%.)

Percentage of seniors and adults with disabilities who have an identified alcohol/drug abuse problem in a treatment program. (The baseline will be developed.)

Percentage of seniors and adults with disabilities receiving mental health counseling or treatment. (The baseline will be developed.)

Percentage of admissions to hospitals or nursing homes due to falls. (The FY-96 baseline is 14.7%.)

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Outcomes (continued)

Outcome Measures (continued)

Increased physical and mental health.
(*continued*)

Percentage of seniors and adults with disabilities living independently. (The baseline will be established in FY-00 through survey.)

Percentage of nutrition program. (Congregate Meals program and In Home Meals program) participants who are determined to be at nutritional risk. (The baseline will be developed.)

Percent of long term care facility resident population experiencing avoidable weight loss or dehydration. (The baseline will be established in FY-99 through Minimum Data Set.)